

The West Virginia Offices of the Insurance Commissioner
Consumer Services Division - Complaint Form

1. YOUR NAME: _____

2. YOUR ADDRESS/CITY/STATE/ZIP: _____

3. YOUR TELEPHONE # AND/OR FAX #: _____

4. YOUR E-MAIL ADDRESS: _____

5. CLAIMANT’S NAME (if different from you): _____

6. INSURED’S NAME: _____

7. INSURANCE COMPANY AND/OR AGENT: _____

8. OTHER INDIVIDUALS OR ENTITIES INVOLVED: _____

9. TYPE OF COVERAGE:_____DATE OF LOSS:_____

10. POLICY # (if known): _____CLAIM # (if known):_____

11. SPECIFIC POLICY LANGUAGE IN QUESTION (if known): _____

12. STATUTORY/ RULE PROVISION(S) IN QUESTION (if known):_____

13. REASON FOR COMPLAINT / RELIEF REQUESTED (Please describe the facts and circumstances which form the basis of your complaint. You may attach additional pages if necessary. Please attach copies of any relevant correspondence, policy provisions, etc.):

Please note that a complaint filed on behalf of a corporation must be signed by an officer of the corporation. In order for this division to take any action on your complaint, you must sign and date this form, indicating your agreement to the following:

I hereby authorize any insurance company, or their representative, to provide to the Offices of the Insurance Commissioner any documents, claim-related data, or other information necessary for consideration of this complaint, including but not limited to any medical records and/or private or personal information requested.

Signature:_____Date:_____

Please complete, sign, date and return the original form and any attachments to:

Consumer Service Division
The WV Offices of the Insurance Commissioner
Post Office Box 50540
Charleston, West Virginia 25305-0540

Phone: (304) 558-3386
Toll-free in WV 1-888-TRY-WVIC
Fax: (304) 558-4965
www.wvinsurance.gov

How to File
an Insurance
Complaint



TRY US, WE CAN HELP!
1-888-TRY-WVIC

consumer.service@wvinsurance.gov
www.wvinsurance.gov



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P.O. Box 50540
Charleston, WV 25305-0540

